

# PART B - FEE(S) TRANSMITTAL

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**Mail Stop ISSUE FEE  
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**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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Customer Number: 028524

Siemens Corporation  
Intellectual Property Department  
170 Wood Avenue South  
Iselin, NJ 08830

## **Certificate of Mailing or Transmittal**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571)273-2885, on the date indicated below:

|                    |
|--------------------|
| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAME INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|---------------------|---------------------|------------------|
| 10/614,649      | 07.07.03    | Joanne R. Bonnell   | 2002P20262 US02     | 7643             |

**TITLE OF INVENTION:**

Healthcare Cash Management Accounting System

| APPLN. TYPE           | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-----------------------|--------------|---------------|---------------------|----------------------|------------------|----------|
| nonprovisional        | NO           | \$ 1440       | \$ 300              | \$ 0                 | \$ 1740          | 01.11.08 |
| EXAMINER              |              | ART. UNIT     | CLASS-SUBCLASS      |                      |                  |          |
| WEISBERGER, RICHARD C |              | 2622          | 705-0300000         |                      |                  |          |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.143)

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Alexander J. Burke

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Siemens Medical Solutions Health Services Corporation

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Malvern, PA

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted.

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order of Copies \_\_\_\_\_

4b. Payment of Fee(s). (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed  
☐ Payment by credit card. Form PTO-2036 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit; any overpayment, to

Deposit Account Number: 19-2179 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Alexander J. Burke

Date 10.18.07

Typed or printed name Alexander Burke

Registration No. 40,425

This collection is required by 37 CFR 1.311. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 362 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering and completing application form to USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450

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